



U.S. Department of State

FEDERAL ASSISTANCE AWARD

1. ☐ Grant ☐ Voluntary Contribution
☐ Cooperative Agreement

2. Award Number

3. Award Title / Purpose

4. U.S. Share of Cost

5. Recipient's Share of Cost

6. Total Cost

7. Accounting and Appropriation Data

9. Issued By

10. Project Period (mm-dd-yyyy)

From _____ Through _____

8. Type of Recipient - Check one that applies

- | | |
|--|--|
| <input type="checkbox"/> Foreign Educational Institution | <input type="checkbox"/> Foreign NGO/PVO |
| <input type="checkbox"/> Public International Organization (PIO) | <input type="checkbox"/> Foreign Government |
| <input type="checkbox"/> Foreign Individual | <input type="checkbox"/> U.S. Individual |
| <input type="checkbox"/> U.S. Commercial Firm | <input type="checkbox"/> U.S. Local Government |
| <input type="checkbox"/> U.S. Educational Institution | <input type="checkbox"/> U.S. State Government |
| <input type="checkbox"/> U.S. Non-Profit Organization (501(c) (3)) | |

11. Recipient Name, Address and Contact Information

12. Program CFDA Number

13. Recipient Federal Tax I.D./DUNS Number

14. Send Requests for Reimbursement to:

16. Notice of Award - (Check all that apply)

- a) ☐ Award Specifics
- b) ☐ Bureau/Program Specific Requirements
☐ Post Specific Requirements
- c) ☐ Standard Domestic Terms and Conditions
☐ Standard Overseas Terms and Conditions
- d) ☐ PiO Specifics/Requirements
- e) ☐ Property Specifics/Requirements

15. Statutory Authority

Authorization

- ☐ FAA (Foreign Assistance Act)
☐ FH (Fulbright-Hays)
☐ SM (Smith-Mundt)

Appropriation

- ☐ CSH (Child Survival and Health Programs)
☐ D&CP (PD)
☐ DA (Development Assistance)
☐ DF (Democracy Funds)

Appropriation

- ☐ ECE (Educ. and Cult. Exch.)
☐ ESF (Economic Support Funds)
☐ FSA (FREEDOM Support Act)
☐ GHAI (Global HIV/AIDS Initiative)
☐ INCLE (Int'l Narc. Contr. Law Enforcement)
☐ MRA/ERMA (Migration and Refugee Assistance)
☐ NADR (Nonprolif, Anti-Terror., Demin., Related)
☐ SEED (Support for E.Eur.Dem)
☐ Other _____

17. Agreement: The recipient agrees to execute the work in accordance with the Notice of Award, the approved application incorporated herein by reference or as attached, and the applicable rules checked below and any subsequent revisions.

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> OMB Circular A-133 | <input type="checkbox"/> 2 CFR 225 (A-87) | <input type="checkbox"/> 2 CFR 230 (A-122) | <input type="checkbox"/> Award is not subject to OMB Circulars |
| <input type="checkbox"/> 2 CFR 220 (A-21) | <input type="checkbox"/> 2 CFR 215 (A-110) | <input type="checkbox"/> 22 CFR 135 | <input type="checkbox"/> Approved Application Attached |

18. Recipient Name, Title and Signature

Name

Signature

Title

Date (mm-dd-yyyy)

19. Grants Officer Name, Title and Signature

Name

Signature

Title

Date (mm-dd-yyyy)

20. Recipient

By signing this agreement, the recipient assures that it will comply with the terms and conditions of this award. Recipient is required to sign and return this document within 10 days of the signature of the Grants Officer to the following address: